Patient Drop Off & Additional Service Sheet

Thank you for dropping off your pet with us today! The following information will be used to help our veterinary team accurately complete your pet's medical history for today's visit.

Today's date:____/____/____

Your name _____ Pet name:_____

We will need to be able to contact you or someone with permission to make medical and financial decisions.
Who will we be speaking with? ☐ Me or ☐ Name _____

1st phone _____ 2nd phone _____

Reason for visit *(check all that apply)*

☐ Preventative Care 6 Month Exam ☐ Annual Exam ☐ Medical Exam

Illness_____ Injury_____

Are there any concerns for: (Check all that apply)

☐ **Eating**	☐ **Weight Gain**	☐ **Car Sickness**	☐ **Behavioral Problem**
☐ **Drinking**	☐ **Itching/Scratching**	☐ **Vomiting**	☐ **Other** _____
☐ **Bad Breath**	☐ **Difficulty Getting up**	☐ **Diarrhea**	_____
☐ **Lethargy**	☐ **Scooting**	☐ **Skin Masses/Lesions**	_____
☐ **Weight Loss**	☐ **Shaking Head**	☐ **Urination Issues**	_____

When did you pet last eat? _____ ☐ am ☐ pm ☐ Today or ☐ Yesterday

Has your pet ever had an adverse reaction to any medication? ☐ Yes ☐ No

If so, describe_____

Has your pet ever had an adverse reaction to any vaccines or any procedures? ☐ Yes ☐ No

If so, describe _____

Is your pet taking any medication(s)? ☐ No ☐ Yes _____ Pick up time _____ ☐ am ☐ pm

Any refills needed? ☐ No ☐ Yes _____

Please call me before treating if my fee will be over $ _____ (if left blank, we will call if fee is over $100) or if fee will be $_____ more than the current treatment plan range.

I hereby authorize the veterinarian and Prestige Animal Hospital to examine, prescribe for, or treat the above described pet. I will assume responsibility for all charges incurred for the care of this animal. I also understand that these charges are due at the time that services are rendered. A deposit of at least 50% is required at the time of drop off.

Signature of Owner:_____ Date:_____